

CONCORD POLICE DEPARTMENT RIDE - A - LONG PROGRAM

APPLICATION – WAIVER TO PARTICIPATE

Program purpose:

To permit citizens a firsthand view of patrol service delivery and gain a better understanding of the role police officers perform daily for the City of Concord.

Guidelines & waiver: In consideration of permission to accompany City of Concord police officers during the performance of their official duties and permission to ride in a City owned motor vehicle, I do hereby agree to refrain from interfering with said officer(s) and be subject to their orders as to how I shall conduct myself while accompanying said officer(s). I do further release and hold harmless the City of Concord and its police officer(s) from any and all claims, damages, or rights of action I may experience while engaged in such activities. PROVIDED, HOWEVER, that in the event I should be deputized by any officer, pursuant to state law, and follow their commands as a deputized citizen, then my rights and protection shall be the same in all events as that of any other deputized citizen following the commands of a police officer. Additionally, I understand that all information from internal police documents and records, including information on individuals or investigations that might be acquired as a result of my association with the Concord Police Department will remain strictly confidential. I further understand that the Concord Police Department will review my local criminal history and driver's history before approval is made to participate. I will dress in business casual clothing, and wear department issued identification. I will not possess a personal weapon during the ride along process.

In Case of Eme	ergency Notify:		Your interest is related to: (please check) Academic Community program Concord 101 Employment			
Name (print)	(relationsh		Family member / friend of officer			
Address			Other			
Phone (home)	(business)					
Personal Infor	mation:					
			Date o	f Birth:	Age:	
Last	First	Middle				
Physical Street Address of Residence			Home Phone Ce		Cell Phone	
City	State	Zip Code	Email A	ddress		
Driver License	# / State Issued:		Social Security	#:		
Have you ever b	peen charged with or conv	victed of any crimin	al offense?			
If yes, please lis	st the offenses:					
Have your drivir	ng privileges ever been re	voked? If so,	why?			
	the above information the proper authorities					
Signature of Participant			Date			
Parent/Guardian Signature (if participant is under 18)					Date	
Internal Use:	Approved by: Denied by:		_ Date: _ Date:	_ _ If denied, a	attach reason	
Ride Assignment Officer			District	Shift		
If previous rid (CPD RA-1)	e, ride date(s)		NOTE: Form to be	filed with Exec	utive Assistant upon completion.	